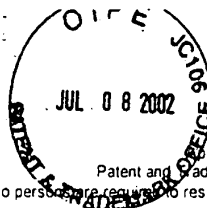


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PTO/SB/21 (6-98)  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/075,020
Filing Date	February 12, 2002
First Named Inventor	Bryan L. Ackerman et al.
Group Art Unit	1772
Examiner Name	
Attorney Docket Number	J-2961A

Total Number of Pages in This Submission

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request For Corrected Filing Receipt/Copy of Corrected Filing Receipt
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Remarks

IF THERE ARE ANY CHARGES, PLEASE CHARGE TO OUR DEPOSIT ACCOUNT 10-0849.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kristin L. Chapman S. C. Johnson & Son, Inc.
Signature	<i>Kristin L. Chapman</i>
Date	24 June 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 6/28/02

Typed or printed name	Sharon L. Klaus		
Signature	<i>Sharon L. Klaus</i>	Date	6/28/02

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**for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** (\$)**25.00****Complete if Known**

Application Number	10/075,020
Filing Date	February 12, 2002
First Named Inventor	Bryan L. Ackerman et al.
Examiner Name	
Group Art Unit	1772
Attorney Docket No.	J-2961A

**METHOD OF PAYMENT**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number **10-0849**
- Deposit Account Name **S.C. JOHNSON & SON, INC.**
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ **Payment Enclosed:**
- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

**SUBTOTAL (1)** (\$)**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity		Small Entity		Fee Description
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$)

\*\*for number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) **Corrected Filing** 25.00

Receipt

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$)**25.00****SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)	Kristin L. Chapman	Registration No. (Attorney/Agent)	38,102	Telephone	262-260-2722
Signature	<i>Kristin L. Chapman</i>	Date	24 June 2002		

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Practitioner's Docket No. \_\_\_\_\_

J-2961A

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Application No.: 0 10,075,020

Group No.: 1772

Filed: February 12, 2002

Examiner:

For: Processing Substrate and/or Support Surface

Assistant Commissioner for Patents  
Washington, D.C. 20231**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.

NOTE: The PTO will not correct the filing receipt until the application is complete (in other words, the applicant files a response to the notice to file missing parts).

2. There is an error with respect to the following data, which is:

☒ Incorrectly entered

and/or

☐ omitted.

**Error in**

1. ☐ Applicant's name
2. ☐ Applicant's address
3. ☐ Title
4. ☐ Filing Date
5. ☐ Application Number
6. ☐ Foreign/PCT Application Re:
7. ☒ Other - Addressee

**Correct data**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

S. C. Johnson & Son, Inc.  
1525 Howe Street  
Racine, Wisconsin 53403  
CUSTOMER NUMBER 28165

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

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Date: 6/28/02**FACSIMILE**

☐ transmitted by facsimile to the Patent and Trademark Office.

Sharon L. Klaus  
Signature

Sharon L. Klaus

(type or print name of person certifying)

(Request for Corrected Filing Receipt [5-8]—page 1 of 2)

4. The error in the originally recorded cover sheet is apparent when that cover sheet is compared with the recorded document because:

The addressee was incorrectly inserted by McCracken & Frank.

The mailing address should be:

S. C. Johnson & Son, Inc.  
1525 Howe Street  
Racine, Wisconsin 53403-2236

Customer Number 28165

5. The recording fee is shown in the corrected cover sheet filed herewith. Payment of this recording fee is in the manner set forth in the corrected cover sheet.

NOTE: "A fee is required for each application, patent and registration against which the document is recorded as identified in the cover sheet." 37 CFR 3.41

Reg. No.: 38,102

Tel. No.: ( 262 ) 260-2722

Customer No.: 28165

Kristin L. Chapman  
SIGNATURE OF PRACTITIONER

Kristin L. Chapman  
(type or print name of practitioner)

S. C. Johnson & Son, Inc.

P.O. Address  
1525 Howe Street  
Racine, Wisconsin 53403-2236



28165

PATENT/TRADEMARK OFFICE

(Correction of Recorded Cover Sheet Error(s) [16-8]—page 2 of 2)



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/075,020	02/12/2002	1772	1644	J 2961A	7	63	2

~~McCracken and Frank~~ S. C. Johnson & Son, Inc.  
~~Suite 3100~~ 1525 Howe Street  
~~200 South Wacker Drive~~ Racine, Wisconsin 53403-2236  
~~Chicago, IL 60606~~

CONFIRMATION NO. 8089

## UPDATED FILING RECEIPT



\*OC00000008225856\*

Date Mailed: 06/04/2002

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## Applicant(s)

Bryan L. Ackerman, Freeland, MI;  
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William E. LeBoeuf, Midland, MI;  
Virginia D. Karul, Racine, WI;  
Kent B. McReynolds, Racine, WI;

Received  
JUN 11 2002  
McCracken And Frank

## Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CIP OF 09/677,663 10/02/2000

## Foreign Applications

If Required, Foreign Filing License Granted 03/07/2002

Projected Publication Date: 09/12/2002

Non-Publication Request: No

Early Publication Request: No

## Title

Processing substrate and/or support surface

Preliminary Class

428

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